

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09684403  
APPLICANT(S)

FILING DATE

10-04-00

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓	✓					51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
6		✓					56						
7		✓					57						
8		✓					58						
9	✓	✓					59						
10		✓					60						
11		✓					61						
12		✓					62						
13		✓					63						
14		✓					64						
15		✓					65						
16		✓					66						
17	✓	✓					67						
18		✓					68						
19		✓					69						
20		✓					70						
21		✓					71						
22		✓					72						
23		✓					73						
24		✓					74						
25	✓	✓					75						
26		✓					76						
27		✓					77						
28	✓	✓					78						
29		✓					79						
30		✓					80						
31	✓	✓					81						
32		✓					82						
33		✓					83						
34	✓	✓					84						
35		✓					85						
36		✓					86						
37	✓	✓					87						
38		✓					88						
39		✓					89						
40	✓	✓					90						
41		✓					91						
42		✓					92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	33	↓		↓		↓	TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	42						TOTAL CLAIMS						